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27572 7590 10/07/2004

HARNESS, DICKEY & PIERCE, P.L.C.
P.O. BOX 828
BLOOMFIELD HILLS, MI 48303

01/10/2005 MBEYENE2 00000055 503213 10634736

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G. Gregory Schivley

(Depositor's name)

G. Gregory Schivley

(Signature)

January 5 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,736	08/05/2003	Tsuyoshi Yoneyama	93195-000524	6637

TITLE OF INVENTION: SEMICONDUCTOR INTEGRATED CIRCUIT FOR A LIQUID CRYSTAL DISPLAY DRIVER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 <i>1400</i>	\$300	\$1670 <i>1700</i>	01/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MAI, LAM T	2819	365-233000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Harness, Dickey &
 Pierce, P.L.C.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Seiko Epson Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3213 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date January 5, 2005

Typed or printed name G. Gregory Schivley

Registration No. 27,382

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